



**Happy  
To  
Help!**

# 2010 CONTRA COSTA COUNTY COMBINED CHARITIES CAMPAIGN



☐ Payroll deduction(s) for \$ \_\_\_\_\_ per month x 12 effective January 2011

☐ Check (attached) for \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Annual Gift

Please make checks to agencies payable to the Federation with which it is affiliated. Include a separate check for each federation.

You may designate some or all of your gift generally to any Federation(s), specifically to any member charity(ies) or to any charity in the U.S. To make a gift to any individual charity(ies), please include the individual code number and/or agency name, the gift amount, and list it under the applicable Federation. The total payroll deduction pledge to any Federation and Affiliates must total \$1 or more per month (\$12/year). **Use ball point pen please!**

Code	Agency Name	Monthly Gifts	Annual Gift
<b>C-99</b>	<b>Community Health Charities of California</b>	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates		<b>1-CHRTCH</b>	\$ _____



<b>100</b>	<b>Bay Area Black United Fund</b>	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates		<b>2-CHBABF</b>	\$ _____



<b>A-001</b>	<b>EarthShare California</b>	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates		<b>3-CHENVF</b>	\$ _____



<b>L2000</b>	<b>Local Independent Charities</b>	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates		<b>4-CHLICC</b>	\$ _____



	<b>United Way of the Bay Area</b>	\$ _____	
		\$ _____	
		\$ _____	
Total pledges to Federation and Federation Affiliates		<b>5-CHRTUW</b>	\$ _____



## Donor Choice Plan (Please make donor choice charity checks payable to Community Health Charities of California)

To designate to an agency not listed, please enter your choice in this section. The agency must be a qualified tax-exempt organization.

Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**6-CHSPAL** \$ \_\_\_\_\_

Signature \_\_\_\_\_ Work Phone \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Dept. Name & Number \_\_\_\_\_

Note: If you wish to be acknowledged by the Federation or Agency of your choice, please complete the following information below:

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_